

County of Los Angeles Request for Telework Training



REQUEST FOR NEW OR REFRESHER TELEWORK TRAINING

Name of Employee

Employee Number

Employee Email Address

Phone number

Department

Have you been previously certified as a Teleworker? ☐ Yes ☐ No

If so, please list the date of certification _____

Is the Telemanager certified? ☐ Yes ☐ No

If so, please list the date of certification _____

If the Telemanager for the employee is not certified, he or she must be scheduled for training as well. The certification need not go any higher than the supervisor or manager of the teleworker.

By requesting training for the above employee, you are approving a Telework arrangement with this employee and will follow all policies and procedures within the Telework Program. Once this form is received, you will receive a training date for the Teleworker. The Teleworker must be notified by you of their training date, their supervisor or manager.

Manager/Telemanager Name

Manager/Telemanager Signature

CEO-WPP Office Use only

Telework Training Approved? ☐ Yes ☐ No Date for Training _____

Location of Training _____ Telemanager Certified? ☐ Yes ☐ No

